



## Data Element Definitions For **Health Enrollment File**

### **Important:**

This Data Element Definition document does NOT describe the file structure for the Health Enrollment File. Please refer to the appropriate XSD (XML Schema Definition) file, for the file structure and the Encryption Decryption External\_File Naming.pdf, for the file naming convention of the Health Enrollment xml file. This Data Element Definition document is only intended to describe the data elements and relationships. Further information on how to use the documents and files included in the Technical Toolkit can be found in the Guide to the Technical Toolkit.

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The Health Enrollment Reporting File Table below provides a list of data fields that employers will be asked to provide CalPERS in the Health Enrollment process. The columns given below are intended to be used for the purpose of helping to identify the information that must be submitted, and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row
- Data Element Name – The plain-English name of the information that will be required in this field
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data, and any conditions under which the field must be populated
- R/O/C – Indicates if the information is required, optional, or conditional
  - 'R' indicates that the data is required for the field and an error will generate if the field is not populated
  - 'C' indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled Description. Information populated when not called for by a condition will be ignored. If data is missing in a conditional field that required the data based on a condition, an error will be returned
  - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned. The column titled Description indicates what format the optional data must be provided in. If optional data is provided that does not meet the specified format an error will result
- Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under
  - Except where noted, the data element cannot contain any of the following characters:

Asterisk	*	Grave	`
At sign	@	Greater than sign	>
Backslash	\	Less than sign	<
Braces	{ }	Percent sign	%
Brackets	[ ]	Plus sign	+
Caret	^	Question mark	?
Dollar sign	\$	Quotation mark	“
Equal sign	=	Under score	—
Exclamation point	!	Vertical bar	

- Max Length – The maximum number of characters that the field will accept
- Legacy (ACES) Field Values - The data in the current file that corresponds to the my|CalPERS data element

Appendix B of this document contains an analysis of the future fields in the Health Enrollment file, and their equivalent, if applicable, in the ACES system currently used today. Also included is a column labeled Change?, which states if a change in the current column is going to occur.

We do not anticipate significant changes to the file format however additional field values will be identified in the coming months. Please check the PERT webpage for the latest file format and review the information entitled *Known Inconsistencies in the Data Element Specifications* for data elements that are pending clarification through a formal change control process at this link:

<http://www.calpers.ca.gov/index.jsp?bc=/employer/pert/home.xml>

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered valid. Employers will be able to use the schema to help develop or alter their systems to comply with the new standards in order to submit data files to CalPERS. XML tools are available on a variety of

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platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that many employers send CalPERS today in that the information is organized in a hierarchical structure much like a standard outline. The XML Schema Definition, available at the link above, documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled data type. The following is an outline of the XML file structure:

- A. Subscriber Health Enrollment – For example, Person ID, Medical Plan, and Appointment ID
  - 1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a subscriber in a single file.

In addition to the XSD, a sample XML file will be provided. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols.

## Version History

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
		INTRODUCTION – Toolkit	Updated Microsoft's Location/Link
v4	13	Appointment ID	Changed Max Length from 16 to 10
v4	15	Person Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
v4	18	Retirement System	Added new field
v4	20	First Name	Changed Max Length from 30 to 20
v4	22	Last Name	Changed Max Length from 20 to 30
v4	29	Health Eligibility ZIP Code	Changed Data Type from Integer to String
v4	34	City	Deleted duplicate text in Field Values
v4	36	ZIP Code 5	Changed Data Type from Integer to String
v4	37	ZIP Code 4	Changed Data Type from Integer to String
v4	40	Postal Code	Changed Max Length from 3 to 12
v4	47	Qualifying Person ID	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
v4	50	First Name	Changed Max Length from 30 to 20
v4	51	Middle Name	Changed Middle Name from 10 to 20
v4	52	Last Name	Changed Last Name from 20 to 30
v4	63	Dependent Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
v4	67	Dependent First Name	Changed Max Length from 30 to 20
v4	69	Dependent Last Name	Changed Max Length from 20 to 30
v4	70	Dependent Suffix	Changed from Conditional to Optional
V5		Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values	Added Retirement System to the table
V6	26	Address Type	Deleted Benefit Payment Address, Rollover 1 Address, Rollover 2 Address, IME Appointment Address, USPS Provided, and Third Party Provided codes
V6	41	Phone Type	Updated codes and code values
V6	57	Affiliated Association	Updated code values
V6	58	Medical Plan	Added clarifying language to the Field Values column
V6	59	Medical Group	Added clarifying language to the Field Values column
V6	73	Dependent Address Type	Deleted Benefit Payment Address, Rollover 1 Address, Rollover 2 Address, IME Appointment Address, USPS Provided, and Third Party Provided codes
V6	84	Dependent Relationship	Modified the list of relationships available to report
V6		Appendix A.2 – Health Event Reasons	Modified the list of health event reasons
V6		Appendix A.3 – State Code Values	Modified code value for Marshall Islands
V6		Appendix A.4 – Country Code Values	Modified code values for countries
V6		Appendix A.5 – County Code Values	Modified code values for counties

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V6		Appendix A.6 – Permissive Events	Modified list of permissive events
V7		Appendix A.6 – Permissive Events	Added Health Event reason code values to the permissive events
V8		All containing t/f values	Updated all data elements that have true/false values to indicate all lower case.
V8		All	Removed the hierarchy and data type columns as this information is found in the xml schema.
V8		All	Added a “Legacy (ACES) FIELD VALUES” column.
V8	42	US Phone	Changed R/O/C value to O (Optional)
V8	78	Dependent State	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent State pertains to Dependent address.
V8	79	Dependent ZIP Code 5	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent ZIP Code 5 pertains to Dependent address.
V8	81	Dependent Country	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Country pertains to Dependent address.
V8	82	Dependent Province/Territory	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Province/Territory pertains to Dependent address.
V8	83	Dependent Postal Code	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Postal Code pertains to Dependent address.
V8	77	Dependent City	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent City pertains to Dependent address.

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V8	77	Dependent City	Updated condition when required
V8		Appendix A, Section 2 & Section 6	Updated Health Event Reason Code table to include new events/codes.
V8	34	City	Updated condition when required.
V8	39	Province/Territory	Updated condition when required.
V8	40	Postal Code	Updated condition when required.
V9		Cover Page	Added note regarding Encryption Decryption External_File Naming.pdf for naming convention of this xml file.
V9	7	Apply Change To Medical	Updated Condition when Required
V9	8	Apply Change To Dental	Updated Condition when Required
V9	9	Apply Change To Vision	Updated Condition when Required
V9	12	Rescind Notes	Changed from Optional to Conditional and added condition.
V9	13	Appointment ID	Updated conditions for when required
V9	18	Retirement System	Updated condition for when required
V9	50	First Name	Changed from Required to Conditional and added conditions
V9	52	Last Name	Changed from Required to Conditional and added conditions
V9	55	Eligibility Basis	Updated name to indicate Cobra Eligibility Basis
V9	58	Medical Plan Selection	Updated conditions for when required and added note regarding plan code.
V9	59	Medical Group	Updated conditions for when required



VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V9	62	Dependent Identifier Type	Updated conditions for when required
V9	63	Dependent Identifier	Updated conditions for when required
V9	64	Dependent Gender	Updated condition for when required
V9	65	Dependent DOB	Updated condition for when required
V9	67	Dependent First Name	Updated condition for when required
V9	69	Dependent Last Name	Updated condition for when required
V9	73	Dependent Address Type	Updated condition for when required
V9	74	Dependent Address 1	Updated condition for when required
V9	84	Dependent Relationship	Updated condition for when required
V9	85	Dependent Type	Updated condition for when required
V9		Appendix A, Sec 4	Updated Country Code table

**Health Enrollment Reporting File Table**

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES				
1	Employer's CalPERS ID	<p><b>Description:</b> The CalPERS ID is a unique 10 digit identifier created by the new system. This unique identifier replaces the Employer/Unit Code.</p> <p><b>Explanation:</b> The new system will create this unique identifier. This unique identifier replaces the Employer/Unit Code.</p> <ul style="list-style-type: none"><li>• If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID.</li><li>• If the school district reports itself, use the school district's</li></ul>	R	#####	10	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>CalPERS Employer Code/Unit Code</td><td>#### - ### code as assigned</td></tr></table>	LONG NAME	CODE VALUE	CalPERS Employer Code/Unit Code	#### - ### code as assigned
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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>CalPERS ID.</p> <ul style="list-style-type: none"> <li>• If the COE reports on behalf of COE employees, use the COE's CalPERS ID.</li> </ul> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES																																																					
2	Health Event Type	<p><b>Description:</b> The health event type</p> <p><b>Explanation:</b> See description.</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>	R	<table><thead><tr><th>LONG NAME</th><th>CODE VALUES</th></tr></thead><tbody><tr><td>Add Dependent</td><td>ADP</td></tr><tr><td>Delete Dependent</td><td>DDP</td></tr><tr><td>Cancel Coverage</td><td>CCO</td></tr><tr><td>Change Health Plan</td><td>CHP</td></tr><tr><td>Dependent Address Change</td><td>DEC</td></tr><tr><td>Change Premium Payment Method</td><td>CPP</td></tr><tr><td>New Enrollment</td><td>NEN</td></tr><tr><td>Open Enrollment</td><td>OEN</td></tr><tr><td>Continued Enrollment</td><td>COE</td></tr><tr><td>Update Enrollment</td><td>UEN</td></tr><tr><td>COBRA New Enrollment</td><td>CNE</td></tr></tbody></table> <p>For descriptions of Health Event Types, please see Appendix A, Section 1</p>	LONG NAME	CODE VALUES	Add Dependent	ADP	Delete Dependent	DDP	Cancel Coverage	CCO	Change Health Plan	CHP	Dependent Address Change	DEC	Change Premium Payment Method	CPP	New Enrollment	NEN	Open Enrollment	OEN	Continued Enrollment	COE	Update Enrollment	UEN	COBRA New Enrollment	CNE	3	<table><thead><tr><th>LONG NAME</th><th>CODE VALUES</th></tr></thead><tbody><tr><td>New Enrollment</td><td>1</td></tr><tr><td>Add Dependent</td><td>2</td></tr><tr><td>Delete Dependent</td><td>3</td></tr><tr><td>Change Health Plan</td><td>4</td></tr><tr><td>Cancel Coverage</td><td>5</td></tr><tr><td>Change Coverage Type</td><td>6</td></tr><tr><td>Change Premium Payment Method</td><td>7</td></tr><tr><td>Change Address</td><td>8</td></tr><tr><td>Change Subscriber Demographics</td><td>9</td></tr><tr><td>Change Dependent Demographics</td><td>10</td></tr><tr><td>Change Appointment Status</td><td>12</td></tr><tr><td>Change Coverage Group</td><td>13</td></tr><tr><td>Change Medical Group</td><td>14</td></tr><tr><td>COBRA New Enrollment</td><td>17</td></tr></tbody></table>	LONG NAME	CODE VALUES	New Enrollment	1	Add Dependent	2	Delete Dependent	3	Change Health Plan	4	Cancel Coverage	5	Change Coverage Type	6	Change Premium Payment Method	7	Change Address	8	Change Subscriber Demographics	9	Change Dependent Demographics	10	Change Appointment Status	12	Change Coverage Group	13	Change Medical Group	14	COBRA New Enrollment	17
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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
3	Health Event Reason	<p><b>Description:</b> The reasons for health enrollment. These are categorized by Health Event Types</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>	R	See Appendix A, Section 2	3	No Difference
4	Unique Transaction Identifier	<p><b>Description:</b> The Unique Transaction Identifier is a memo field to record text for tracking purposes.</p> <p><b>Explanation:</b> Employers uploading files can use this field to</p>	C	xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx	36	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>record a text memo for tracking purposes.</p> <p><b>Required:</b> For all transaction types when the file is submitted using FTP. It is optional when using File Upload</p> <p><b>Note:</b> When using File Upload this field is not required for successful submission of the file, but can be used as a free-text memo field for tracking purposes by the file submitter.</p> <p>For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		the employer, with each transaction's success or failure. Employers, who choose this integration style, must be able to programmatically match the UUIDs on the CalPERS response, with the transaction submitted to CalPERS, on the input file. This number must be created by a UUID generator.				
5	Event Date	<b>Description:</b> The date the health event occurred  <b>Explanation:</b> See description  <b>Required</b> for all Health Event Types except:	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Open Enrollment  <b>Note:</b> No notable information				
6	Received Date	<b>Description:</b> The date the employer was notified of the health event  <b>Explanation:</b> See description  <b>Required</b> for all Health Event Types except Update Enrollment  <b>Note:</b> No notable information	C	yyyy-mm-dd	10	No Difference
7	Apply Change To Medical	<b>Description:</b> Indicates that the change/enrollment applies to the Medical benefit	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Explanation:</b> See description</p> <ul style="list-style-type: none"> <li><b>Required</b> for all Health Event Types, <b>except for</b> Change Dependent Address</li> </ul> <p><b>Note:</b> No notable information</p>				
8	Apply Change To Dental	<p><b>Description:</b> If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit</p> <p><b>Explanation:</b> See description</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Required</b> for all Health Event Types, <b>except for</b> Change Dependent Address</p> <p><b>Note:</b> No notable information</p>				
9	Apply Change To Vision	<p><b>Description:</b> If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> for all Health Event Types, <b>except for</b> Change Dependent Address</p> <p><b>Note:</b> No notable information</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
10	Rescind Indicator	<p><b>Description:</b> Indicates whether a health enrollment transaction, with a future date, should be rescinded</p> <p><b>Explanation:</b> Employers will have the ability to rescind future-dated, permissive, health-enrollment reasons. For a list of the permissive health-event reasons, please see Appendix A, Section 6</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
11	Rescind Reason	<p><b>Description:</b> Provides the reason why a health enrollment transaction is rescinded</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if Rescind Indicator is selected as true</p> <p><b>Note:</b> No notable information</p>	C	Free form text will be allowed to describe the rescind indicator, up to 100 characters	100	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
12	Rescind Notes	<p><b>Description:</b> This area allows for notes about the reason for rescission</p> <p><b>Explanation:</b> Data accepted if Rescind Indicator is selected as True</p> <p><b>Required:</b> Required if Rescind Indicator is true</p> <p><b>Note:</b> No notable information</p>	C	This field allows free form text, for adding notes to the rescind reason, up to 1000 characters	1000	No Current Equivalent
13	Appointment ID	<p><b>Description:</b> The Appointment ID uniquely identifies the job into which the employee has been hired.</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if the</p>	C	#####	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>employee has:</p> <ul style="list-style-type: none"> <li>Multiple appointments in the same program (e.g., multiple PERS appointments) with the employer (as reported in Field 1 – Employer's CalPERS ID).</li> </ul> <p><b>Required</b> if an appointment update is being reported and the employee has multiple appointments with the employer being reported in Field 2 – Employer's CalPERS ID.</p> <p>An appointment update includes the following transaction types:</p> <ul style="list-style-type: none"> <li>Add Dependent</li> <li>Delete Dependent</li> <li>Cancel</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Coverage</p> <ul style="list-style-type: none"> <li>• Change Health Plan</li> <li>• Dependent Address Change</li> <li>• Change Premium Payment Method</li> <li>• Open Enrollment</li> <li>• Continued Enrollment</li> <li>• Update Enrollment</li> </ul> <p><b>Note:</b> Prior to system implementation, CalPERS will provide employers with a list of Appointment IDs for their employees. After system implementation, employers can run a report online to generate a list of Appointment IDs.</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
14	Person Id Type	<p><b>Description:</b> Type of unique person identifier</p> <p><b>Explanation:</b> When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the Person Identifier Type CalPERS ID must be provided</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information.</p>	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID		No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											
15	Person Id	<p><b>Description:</b> The unique identifier of the person who qualifies for health enrollment</p> <p><b>Explanation:</b></p>	R	##### (SSN) ##### (CalPERS ID)	10	SSN						



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>If SSN is selected as Person ID Type, the number should be submitted using the following format:</p> <ol style="list-style-type: none"> <li>1. The Social Security Number must be nine digits</li> <li>2. Social Security Numbers cannot start with 8, 9, or 666</li> <li>3. Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited)</li> </ol> <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
16	New SSN	<p><b>Description:</b> The New SSN is a correction to the Social Security Number</p> <p><b>Explanation:</b> Used to correct a member's Social Security Number</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> This data element is only accepted / optional for Health Event Type Update Enrollment, and Health Event Reason Update Demographics</p>	O	#####	9	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
17	Original Hire Date	<p><b>Description:</b> The first hire date recorded for this employee at this employer, regardless of whether or not the employee qualified for health benefits on this date</p> <p><b>Explanation:</b> See description.</p> <p><b>Required:</b> When Transaction Type is New Enrollment and the individual being reported is a non-PERS health subscriber</p> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
18	Retirement System	<p>Required if the person is a non-PERS health subscriber</p> <p><b>Description:</b> The retirement system that the subscriber receives retirement benefits from.</p> <p><b>Explanation:</b> Used to identify which retirement system that the subscriber receives retirement benefits from.</p> <p><b>Required</b> for the following Health Event Types when the person is a non-PERS health subscriber:</p> <ul style="list-style-type: none"><li>• New Enrollment</li><li>• COBRA New Enrollment</li><li>• Continued</li></ul>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>CalSTRS</td><td>STR</td></tr><tr><td>Military Retirement System</td><td>MRS</td></tr><tr><td>Other</td><td>OTH</td></tr></table>	LONG NAME	CODE VALUE	CalSTRS	STR	Military Retirement System	MRS	Other	OTH	3	No Current Equivalent
LONG NAME	CODE VALUE													
CalSTRS	STR													
Military Retirement System	MRS													
Other	OTH													

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Enrollment  <b>Note:</b> No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																																										
19	Prefix	<p><b>Description:</b> The person's title</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Assembly Member</td><td>ASM</td></tr><tr><td>Chief</td><td>CHI</td></tr><tr><td>Councilman</td><td>COU</td></tr><tr><td>Councilwoman</td><td>CCW</td></tr><tr><td>Dean</td><td>DEA</td></tr><tr><td>Doctor</td><td>DR</td></tr><tr><td>Judge</td><td>JUD</td></tr><tr><td>Mayor</td><td>MAY</td></tr><tr><td>Miss</td><td>MIS</td></tr><tr><td>Mister</td><td>MR</td></tr><tr><td>Mrs</td><td>MRS</td></tr><tr><td>Ms</td><td>MS</td></tr><tr><td>President</td><td>PRE</td></tr><tr><td>Professor</td><td>PRO</td></tr><tr><td>Senator</td><td>SEN</td></tr><tr><td>Superintendent</td><td>SUP</td></tr><tr><td>Supervisor</td><td>SVR</td></tr><tr><td>The Honorable</td><td>HON</td></tr><tr><td>Justice</td><td>JUS</td></tr><tr><td>Chief Justice</td><td>CHJ</td></tr></table>	LONG NAME	CODE VALUE	Assembly Member	ASM	Chief	CHI	Councilman	COU	Councilwoman	CCW	Dean	DEA	Doctor	DR	Judge	JUD	Mayor	MAY	Miss	MIS	Mister	MR	Mrs	MRS	Ms	MS	President	PRE	Professor	PRO	Senator	SEN	Superintendent	SUP	Supervisor	SVR	The Honorable	HON	Justice	JUS	Chief Justice	CHJ	3	No Current Equivalent
LONG NAME	CODE VALUE																																															
Assembly Member	ASM																																															
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Mayor	MAY																																															
Miss	MIS																																															
Mister	MR																																															
Mrs	MRS																																															
Ms	MS																																															
President	PRE																																															
Professor	PRO																																															
Senator	SEN																																															
Superintendent	SUP																																															
Supervisor	SVR																																															
The Honorable	HON																																															
Justice	JUS																																															
Chief Justice	CHJ																																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
20	First Name	<p><b>Description:</b> The person's first name</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted</p> <ul style="list-style-type: none"> <li>• Minimum of one alpha character.</li> <li>• Cannot begin with a blank space</li> </ul>	R	xxxxxxxxxxxxxxxxxxxx	20	No Difference



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
21	Middle Name	<p><b>Description:</b> The person's middle name</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (') No minimum required</p>	O	xxxxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
22	Last Name	<p><b>Description:</b> The person's last name</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• Minimum of one alpha character.</li> <li>• Cannot begin with a blank space</li> </ul>	R	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
23	Gender	<p><b>Description:</b> The person's gender</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													
24	Birth Date	<p><b>Description:</b> The person’s date of birth</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> This data is required</p> <p><b>Note:</b> No notable information</p>	R	yyyy-mm-dd	10	No Difference								

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																												
25	Suffix	<p><b>Description:</b> The person's suffix, if applicable</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Senior</td><td>SR</td></tr><tr><td>Junior</td><td>JR</td></tr><tr><td>First</td><td>I</td></tr><tr><td>Second</td><td>II</td></tr><tr><td>Third</td><td>III</td></tr><tr><td>Fourth</td><td>IV</td></tr><tr><td>Fifth</td><td>V</td></tr><tr><td>Ph.D</td><td>PHD</td></tr><tr><td>MD</td><td>MD</td></tr><tr><td>CPA</td><td>CPA</td></tr><tr><td>Ed.D</td><td>EDD</td></tr><tr><td>Esq.</td><td>ESQ</td></tr><tr><td>DDS</td><td>DDS</td></tr></tbody></table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3	No Difference
LONG NAME	CODE VALUE																																	
Senior	SR																																	
Junior	JR																																	
First	I																																	
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Third	III																																	
Fourth	IV																																	
Fifth	V																																	
Ph.D	PHD																																	
MD	MD																																	
CPA	CPA																																	
Ed.D	EDD																																	
Esq.	ESQ																																	
DDS	DDS																																	
26	Address Type	<p><b>Description:</b> The person's address type</p> <p><b>Explanation:</b> See description</p> <p><b>Required for Health Event Type:</b></p> <ul style="list-style-type: none"><li>New Enrollment</li></ul>	C	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Mailing Address</td><td>MAI</td></tr><tr><td>Physical Address</td><td>PHY</td></tr></tbody></table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	3	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Mailing Address</td><td>1</td></tr><tr><td>Residential Address</td><td>5</td></tr></tbody></table>	LONG NAME	CODE VALUE	Mailing Address	1	Residential Address	5																
LONG NAME	CODE VALUE																																	
Mailing Address	MAI																																	
Physical Address	PHY																																	
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#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> <li>Cancel Coverage, if Health Event Reason is Enrolled into Flex Elect</li> <li>COBRA New Enrollment, if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting</li> </ul> <p><b>Note:</b> Only one address type can be submitted with each health enrollment transaction</p>				
27	Use Address for Health	<p><b>Description:</b> Indicates that the person's address should be used for health enrollment</p> <p><b>Explanation:</b> See description</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Required</b> for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting</p> <p>Data accepted if reported for Health Event Types New Enrollment and Cancel Coverage</p> <p><b>Note:</b> If a PO Box is given, this will result in an error</p>				
28	Health Eligibility ZIP Code Type	<p><b>Description:</b> The type of ZIP Code used to determine health eligibility</p> <p><b>Explanation:</b></p>	C	Personal Employer	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>See description</p> <p><b>Required</b> when Health Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b> No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
29	Health Eligibility ZIP Code	<p><b>Description:</b> The health eligibility ZIP Code</p> <p><b>Explanation:</b> This field is required if Health Eligibility ZIP Code Type is Personal or Employer</p> <ul style="list-style-type: none"> <li>• Use a numeric format</li> <li>• Must be a US ZIP Code</li> </ul> <p><b>Required</b> when Health Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when Eligibility Basis is</li> </ul>	C	#####	5	No Difference



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</p> <p><b>Note:</b> If the Use Address for Health is selected, and Personal is selected, the ZIP Code for the address must match the ZIP Code provided for the Health Eligibility ZIP Code</p>				
30	County	<p><b>Description:</b> The county the employee designates for health eligibility</p> <p><b>Explanation:</b> See description</p> <p><b>Required for Health Event</b></p>	C	See Appendix A, Section 5	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<b>Types:</b> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when Health Event Reason is Enrolled into Flex Elec</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <b>Note:</b> No notable information				
31	Address 1	<b>Description:</b> The first address line of the address to be entered  <b>Explanation:</b> Typically used for	C	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>the employee's street address or in care of information.</p> <p><b>Required</b> for Health Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage when Health Event Reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b> If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
32	Address 2	<p><b>Description:</b> The second address line</p> <p><b>Explanation:</b> Typically used for the employee's street address if address line 1 was used for in care of information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc. Data accepted if Address 1 is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> If the c/o or apartment cannot fit</p>	O	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		in Address 2, then the overflow is put into Address 3				
33	Address 3	<p><b>Description:</b> The third address line</p> <p><b>Explanation:</b> Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if Address 1 is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
34	City	<p><b>Description:</b> The city applicable to the address entered.</p> <p><b>Explanation:</b> Data accepted if Address 1 is supplied</p> <p><b>Required:</b> When Address Line 1 is supplied.</p> <p><b>Note:</b> Data element accepts alpha and numeric characters.</p>	C	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
35	State	<p><b>Description:</b> The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if Country is USA or Mexico and Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	See Appendix A, Section 3 Free form text of up to 30 characters	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
36	ZIP Code 5	<p><b>Description:</b> The first five digits of the zip code for the address designated in Address Type.</p> <p><b>Explanation:</b> If Country is USA, the following are required:</p> <ul style="list-style-type: none"> <li>• Use numeric format</li> <li>• The first five numbers of the ZIP Code</li> </ul> <p><b>Required:</b> If Country is USA and Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	#####	5	No Difference



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
37	ZIP Code 4	<p><b>Description:</b> The next four digits of the zip code or the address designated in Address Type</p> <p><b>Explanation:</b> Data accepted if ZIP Code – 5 digits is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	####	4	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
38	Country	<p><b>Description:</b> The code value for the country</p> <p><b>Explanation:</b> See description.</p> <p><b>Required:</b> When Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	See Appendix A, Section 4	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																										
39	Province/Territory	<p><b>Description:</b> The province or territory</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> When Country is neither US nor Mexico</p> <p><b>Note:</b> If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50	No Difference
LONG NAME	CODE VALUE																															
Alberta	AB																															
British Columbia	BC																															
Manitoba	MB																															
New Brunswick	NB																															
Newfoundland	NF																															
Northwest Territories	NT																															
Nova Scotia	NS																															
Ontario	ON																															
Prince Edward Island	PE																															
Quebec	PQ																															
Saskatchewan	SK																															
Yukon	YT																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
40	Postal Code	<p><b>Description:</b> The International Postal Code</p> <p><b>Explanation:</b> The International Postal Code is alphanumeric</p> <p><b>Required:</b> When Country indicated is not USA.</p> <p><b>Note:</b> No notable information</p>	C	Free form text of up to 12 characters	12	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES														
41	Phone Type	<p><b>Description:</b> The phone type used (e.g. cellular, fax, office)</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p>	O	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Work</td><td>WOR</td></tr><tr><td>FAX</td><td>FAX</td></tr><tr><td>TTY</td><td>TTY</td></tr><tr><td>Cellular</td><td>MOB</td></tr><tr><td>Home</td><td>HOM</td></tr><tr><td>Other</td><td>OTR</td></tr></table>		LONG NAME	CODE VALUE	Work	WOR	FAX	FAX	TTY	TTY	Cellular	MOB	Home	HOM	Other	OTR	3	No Current Equivalent
LONG NAME	CODE VALUE																				
Work	WOR																				
FAX	FAX																				
TTY	TTY																				
Cellular	MOB																				
Home	HOM																				
Other	OTR																				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
42	US Phone	<p><b>Description:</b> The person's contact phone number in the USA</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> When this field is selected, ten (10) numbers are required. The phone number may not contain spaces, hyphens (-), or parentheses ()</p> <p>Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual</p>	O	#####	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Dependent New Contracting; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p> <p>The phone number may not contain any spaces, hyphens, or parentheses. Should only have numeric values</p> <p><b>Note:</b> No notable information</p>				
43	International Phone	<p><b>Description:</b> The person's International contact phone number</p> <p><b>Explanation:</b> See description</p>	O	xxx [minimum 3 digits, and up to 24 digits], plus signs, dashes, spaces and parentheses are allowed. + - ()	24	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Required:</b> No required data</p> <p><b>Note:</b> Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p>				



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
44	Extension	<p><b>Description:</b> The extension of the person's phone number provided</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> Will only accept numeric values.</p> <p>Data accepted for the Health Event Types New Enrollment, Cancel Coverage, and COBRA New Enrollment</p>	O	#####	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
45	Email	<p><b>Description:</b> The person's email address</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> Data accepted for the Health Event Types New Enrollment, Cancel Coverage, and COBRA New Enrollment</p>	O	xxxxx@xxxxx.xxx xxxxx@xxxxx.xx.xxx [xxxxx.ca.gov] xxxxx@xxxxx.xx.xx [xxxxx.ci.us]	50	No Current Equivalent						
46	Qualifying Person ID Type	<p><b>Description:</b> The type of unique identifier for the member that qualifies the subscriber for health enrollment</p> <p><b>Explanation:</b> When first reporting</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3	No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>for an employee, this ID can be SSN. On all subsequent transactions for the employee, the CalPERS ID must be provided</p> <p>Data accepted if reported for Health Event Type Cancel Coverage</p> <p><b>Required</b> for Health Event Type:</p> <ul style="list-style-type: none"> <li>• New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continued</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor</p> <p><b>Note:</b> No notable information</p>				
47	Qualifying Person ID	<p><b>Description:</b> The unique identifier of the member who qualifies the subscriber for health enrollment</p> <p><b>Explanation:</b> Data accepted if reported for Health Event Type Cancel Coverage</p> <p>If SSN is selected as ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> <li>○ The Social</li> </ul>	C	<p>##### (SSN) ##### (CalPERS ID)</p>	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Security Number must be nine digits</p> <ul style="list-style-type: none"> <li>○ Social Security Numbers cannot start with 8, 9, or 666</li> <li>○ Each section of the Social Security Number cannot be all zeroes (i.e., 000 #####, ###00####, and #####0000 are each prohibited)</li> </ul> <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents</p> <p><b>Required</b> for Health Event Type:</p> <ul style="list-style-type: none"> <li>• New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continued Enrollment when Health Event</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Reason is Re-enroll SES/PA FFPO Survivor  <b>Note:</b> No notable information				
48	Permanent Separation Date	<b>Description:</b> Last day of a qualifying individual's employment  <b>Explanation:</b> See description  <b>Required</b> for Health Event Type Cancel Coverage: <ul style="list-style-type: none"> <li>• If the individual is a non-PERS Health subscriber; or</li> <li>• If the Health Event Reason is either Cancel Perm Separation or Layoff Cancel</li> </ul>	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Required</b> for Health Event Type COBRA New Enrollment:</p> <ul style="list-style-type: none"> <li>○ If Eligibility Basis is either COBRA Qual Subscriber or COBRA Qualifying Subscriber New Contracting, and if individual is Non-PERS</li> </ul> <p><b>Note:</b> No notable information</p>				



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
49	Retirement Date	<p><b>Description:</b> The retirement date of the qualifying individual</p> <p><b>Explanation:</b></p> <ul style="list-style-type: none"> <li>• See description</li> </ul> <p><b>Required</b> if the individual is a non-PERS Health Subscriber and Health Event Types are:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Continued Enrollment</li> </ul> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent
50	First Name	<p><b>Description:</b> The first name of the member who qualifies the subscriber for health enrollment</p>	C	xxxxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Explanation:</b> See description</p> <p><b>Required</b> for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>○ New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>○ COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> <li>○ Continue Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<b>Note:</b> The following characters are permitted: <ul style="list-style-type: none"> <li>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
51	Middle Name	<p><b>Description:</b> The middle name of the member who qualifies the subscriber for health enrollment</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> Only alpha and will allow blank spaces, hyphens (-), and apostrophes (')</p>	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference
52	Last Name	<p><b>Description:</b> The last name of the member who qualifies the subscriber for health enrollment</p> <p><b>Explanation:</b> See description</p>	C	xx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Required</b> for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>○ New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>○ COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> <li>○ Continue Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor</li> </ul> <p><b>Note:</b> The following characters are</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
		permitted: <ul style="list-style-type: none"><li>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted</li><li>Minimum of one alpha character</li><li>Cannot start with a blank space</li></ul>												
53	Gender	<p><b>Description:</b> The gender of the member who qualifies the subscriber for health enrollment.</p> <p><b>Explanation:</b> Data accepted if reported for Health Event Type Cancel Coverage</p> <p><b>Required</b> for the following Health</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>• COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continued Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor</li> </ul> <p><b>Note:</b> No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
54	Birth Date	<p><b>Description:</b> The date of birth of the member who qualifies the subscriber for health enrollment</p> <p><b>Explanation:</b> Data accepted if reported for Health Event Type Cancel Coverage</p> <p><b>Required</b> for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>New Enrollment when Health Event Reason is STRS Survivor No Allowance</li> <li>COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New</li> </ul>	C	yyyy-mm-dd	10	No Difference



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES										
		<div>Contracting</div> <div><ul style="list-style-type: none"><li>Continued Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor</li></ul></div> <div><b>Note:</b> No notable information</div>														
55	Cobra Eligibility Basis	<div><b>Description:</b> The basis for COBRA eligibility</div> <div><b>Explanation:</b> See description</div> <div><b>Required</b> for Health Event Type COBRA New Enrollment</div> <div><b>Note:</b> No notable information</div>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>COBRA Qualifying Subscriber</td><td>CSB</td></tr><tr><td>COBRA Qualifying Dependent</td><td>CDT</td></tr><tr><td>COBRA Qualifying Subscriber New Contracting</td><td>CSC</td></tr><tr><td>COBRA Qualifying Dependent New Contracting</td><td>CDC</td></tr></table>	LONG NAME	CODE VALUE	COBRA Qualifying Subscriber	CSB	COBRA Qualifying Dependent	CDT	COBRA Qualifying Subscriber New Contracting	CSC	COBRA Qualifying Dependent New Contracting	CDC	3	No Difference
LONG NAME	CODE VALUE															
COBRA Qualifying Subscriber	CSB															
COBRA Qualifying Dependent	CDT															
COBRA Qualifying Subscriber New Contracting	CSC															
COBRA Qualifying Dependent New Contracting	CDC															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
56	Original COBRA Start Date	<p><b>Description:</b> The first day of COBRA health enrollment coverage</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> for Health Event Type COBRA New Enrollment</p> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
57	Affiliated Association	<p><b>Description:</b> The affiliated association of the qualifying Individual</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if the Medical Plan selected is an affiliated association</p> <p><b>Note:</b> No notable information</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>California Associations of Highway Patrol</td><td>CHP</td></tr><tr><td>California Correctional Peace Officers Association</td><td>CPO</td></tr><tr><td>Peace Officers Research Association of California</td><td>POR</td></tr></table>	LONG NAME	CODE VALUE	California Associations of Highway Patrol	CHP	California Correctional Peace Officers Association	CPO	Peace Officers Research Association of California	POR	3	No Current Equivalent
LONG NAME	CODE VALUE													
California Associations of Highway Patrol	CHP													
California Correctional Peace Officers Association	CPO													
Peace Officers Research Association of California	POR													
58	Medical Plan Selection	<p><b>Description:</b> Used to select a medical plan</p> <p><b>Explanation:</b> The list of Medical Plans will be updated by CalPERS and distributed, on an as-needed- basis annually</p>	C	The list of Medical Plans and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Plan values as you do today.	3	No Difference								

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>If updating or changing dependent address, this field need not be completed</p> <p><b>Required</b> when Apply Change to Medical is True for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p><b>Required</b> under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Medical is selected as True and Eligibility Basis is</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>COBRA Qual Subscriber or COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> for Health Event Type Open Enrollment when Apply Change to Medical is True and the Health Event Reason: is:</p> <ul style="list-style-type: none"> <li>• New Enrollment, or</li> <li>• Change Health Plan</li> </ul> <p><b>Note:</b> In COMET, pre-my CalPERS, the Medical Plan is entered as a four digit code with the forth digit indicating if the plan is to include member only, member + one</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		dependent or member + family. In my CalPERS this fourth digit is not needed and will cause a level 1 error if a fourth digit is included for this data element in the XML file.				
59	Medical Group	<p><b>Description:</b> The medical group of the qualifying Individual</p> <p><b>Explanation:</b> The system will generate a unique number for the medical group for the Public Agency or School District's PEMHCA (Public Employer Medical and Hospital Care Act) Health Contract</p> <p><b>Required</b> for Health Event Types:</p>	C	<p>XXX</p> <p>The list of Medical Groups and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Group values as you do today.</p>	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Continued Enrollment</li> <li>• Update Enrollment if Health Event Reason is Change Medical Group</li> </ul> <p><b>Note:</b> No notable information</p>				
60	Dental Plan Selection (placeholder data tied to future legislation)	<p><b>Description:</b> If dental becomes an option in the future, this would be used to select a dental plan</p> <p><b>Explanation:</b> See description</p> <p><b>Required when</b> Apply Change to Dental is True for the following Health</p>	C	<p>XXX</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Event Types:</b></p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p><b>Required</b> under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions:  Apply Change to Dental is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> for Health Event Type Open</p>				



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Enrollment when Apply Change to Dental is True and the Health Event Reason: is:</p> <ul style="list-style-type: none"> <li>• New Enrollment, or</li> <li>• Change Health Plan</li> </ul> <p><b>Note:</b> No notable information</p>				
61	Vision Plan Selection (placeholder data tied to future legislation)	<p><b>Description:</b> If vision becomes an option in the future, this would be used to select a vision plan</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> when Apply Change to Vision is True for the following Health Event Types:</p>	C	<p>XXX</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p><b>Required</b> under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Vision is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> for Health Event Type Open Enrollment when</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
		<p>Apply Change to Vision is True and the Health Event Reason: is:</p> <ul style="list-style-type: none"><li>• New Enrollment, or</li><li>• Change Health Plan</li></ul> <p><b>Note:</b> No notable information</p>										
62	Dependent Identifier Type	<p><b>Description:</b> The type of person identifier available for the dependent</p> <p><b>Explanation:</b> Type of unique employee identifier.</p> <p>On first report of an employee, this can be SSN.</p> <p>On all subsequent transactions for the employee, this will</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3	No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>be the Dependent Identifier Type CalPERS ID</p> <p><b>Required</b> for Health Event Types:</p> <ul style="list-style-type: none"> <li>• Delete Dependent</li> <li>• Change Dependent Address</li> </ul> <p><b>Required</b> when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> </ul> <p><b>Required</b> when Dependent Relationship is Spouse or Domestic Partner and the Health Event Type is COBRA New Enrollment, and</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Eligibility Basis is either COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types during Open Enrollment: New Enrollment and Add Dependent</p> <p><b>Required</b> if Health Event Reason is Delete Dependent in Open Enrollment</p> <p><b>Note:</b> No notable information</p>				
63	Dependent Identifier	<p><b>Description:</b> Type of unique</p>	C	<p>##### (SSN) ##### (CalPERS ID)</p>	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>identifier</p> <p><b>Explanation:</b> If SSN is selected as the ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> <li>○ The Social Security Number must be nine digits</li> <li>○ Social Security Numbers cannot start with 8, 9, or 666</li> <li>○ Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited)</li> </ul> <p><b>Required</b> for Health Event Types:</p> <ul style="list-style-type: none"> <li>• Delete Dependent</li> </ul>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> <li>Change Dependent Address</li> </ul> <p><b>Required</b> when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types:</p> <ul style="list-style-type: none"> <li>New Enrollment</li> <li>Add Dependent</li> </ul> <p><b>Required</b> when Dependent Relationship is Spouse or Domestic Partner and the Health Event Type is COBRA New Enrollment, and Eligibility Basis is either COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> when</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types during Open Enrollment: New Enrollment and Add Dependent</p> <p><b>Required</b> if Health Event Reason is Delete Dependent in Open Enrollment</p> <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files.</p>				



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
		<p>Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents</p> <p><b>Note:</b> No notable information</p>												
64	Dependent Gender	<p><b>Description:</b> The dependent's gender</p> <p><b>Explanation:</b> See description.</p> <p><b>Required</b> if a dependent is being added to enrollment</p> <p><b>Note:</b> No notable information</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
65	Dependent DOB	<p><b>Description:</b> The dependent's date of birth</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if a dependent is being added to enrollment</p> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES																																										
66	Dependent Prefix	<p><b>Description:</b> The dependent's title</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Assembly Member</td><td>ASM</td></tr><tr><td>Chief</td><td>CHI</td></tr><tr><td>Councilman</td><td>COU</td></tr><tr><td>Councilwoman</td><td>CCW</td></tr><tr><td>Dean</td><td>DEA</td></tr><tr><td>Doctor</td><td>DR</td></tr><tr><td>Judge</td><td>JUD</td></tr><tr><td>Mayor</td><td>MAY</td></tr><tr><td>Miss</td><td>MIS</td></tr><tr><td>Mister</td><td>MR</td></tr><tr><td>Mrs</td><td>MRS</td></tr><tr><td>Ms</td><td>MS</td></tr><tr><td>President</td><td>PRE</td></tr><tr><td>Professor</td><td>PRO</td></tr><tr><td>Senator</td><td>SEN</td></tr><tr><td>Superintendent</td><td>SUP</td></tr><tr><td>Supervisor</td><td>SVR</td></tr><tr><td>The Honorable</td><td>HON</td></tr><tr><td>Justice</td><td>JUS</td></tr><tr><td>Chief Justice</td><td>CHJ</td></tr></table>		LONG NAME	CODE VALUE	Assembly Member	ASM	Chief	CHI	Councilman	COU	Councilwoman	CCW	Dean	DEA	Doctor	DR	Judge	JUD	Mayor	MAY	Miss	MIS	Mister	MR	Mrs	MRS	Ms	MS	President	PRE	Professor	PRO	Senator	SEN	Superintendent	SUP	Supervisor	SVR	The Honorable	HON	Justice	JUS	Chief Justice	CHJ	3	No Current Equivalent
LONG NAME	CODE VALUE																																																
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Mrs	MRS																																																
Ms	MS																																																
President	PRE																																																
Professor	PRO																																																
Senator	SEN																																																
Superintendent	SUP																																																
Supervisor	SVR																																																
The Honorable	HON																																																
Justice	JUS																																																
Chief Justice	CHJ																																																

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
67	Dependent First Name	<p><b>Description:</b> The dependent's first name</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> when a dependent is being added to enrollment</p> <p><b>Note:</b> The following characters are permitted:</p> <ul style="list-style-type: none"> <li>• Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted</li> </ul>	C	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
68	Dependent Middle Name	<p><b>Description:</b> The dependent's middle name</p> <p><b>Explanation:</b> Data accepted for Health Event Types New Enrollment, Add Dependent, or COBRA New Enrollment if Dependent Identifier is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> The following characters are permitted: Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted</p>	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
69	Dependent Last Name	<p><b>Description:</b> The dependent's last name</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> when a dependent is being added to enrollment</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• Minimum of one alpha character.</li> <li>• Cannot begin with a blank space</li> </ul>	C	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																												
70	Dependent Suffix	<p><b>Description:</b> The dependent's suffix, if applicable.</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Senior</td><td>SR</td></tr><tr><td>Junior</td><td>JR</td></tr><tr><td>First</td><td>I</td></tr><tr><td>Second</td><td>II</td></tr><tr><td>Third</td><td>III</td></tr><tr><td>Fourth</td><td>IV</td></tr><tr><td>Fifth</td><td>V</td></tr><tr><td>Ph.D</td><td>PHD</td></tr><tr><td>MD</td><td>MD</td></tr><tr><td>CPA</td><td>CPA</td></tr><tr><td>Ed.D</td><td>EDD</td></tr><tr><td>Esq.</td><td>ESQ</td></tr><tr><td>DDS</td><td>DDS</td></tr></table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3	No Difference
LONG NAME	CODE VALUE																																	
Senior	SR																																	
Junior	JR																																	
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Third	III																																	
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Fifth	V																																	
Ph.D	PHD																																	
MD	MD																																	
CPA	CPA																																	
Ed.D	EDD																																	
Esq.	ESQ																																	
DDS	DDS																																	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
71	Date of Marriage/Partnership	<p><b>Description:</b> The date the dependent became a spouse/domestic partner of the primary subscriber</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> for Health Event Types New Enrollment, Add Dependent, or COBRA New Enrollment if Dependent Identifier is supplied and Dependent Relationship is Spouse or Domestic Partner</p> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Difference



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
72	Address Same as Primary Subscriber	<p><b>Description:</b> Indicates if the dependent's address is the same as the primary subscriber</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> under the following conditions: If True, and Health Event Type is New Enrollment, then other dependent address information is not needed</p> <p>If True, and Health Event Type is Add Dependent or Change Dependent Address, then other dependent address information is not needed</p> <p>Data accepted if Health Event Type is</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>COBRA New Enrollment, and Eligibility Basis is COBRA Qual Subscriber</p> <p>Data accepted if Health Event Type is COBRA New Enrollment, and Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting; For other Eligibility Basis statuses can only carry over dependents from previous enrollment</p> <p>If True, and Health Event Type is Open Enrollment and Health Event Reason is New Enrollment, then other dependent address information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
		<p>is not needed (only applicable when dependent is added during new enrollment)</p> <p>If True, and Health Event Type is Open Enrollment and Health Event Reason is Add Dependent, then other dependent address information is not needed</p> <p><b>Note:</b> No notable information</p>										
73	Dependent Address Type	<p><b>Description:</b> The dependent's address type</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> for the following Health Event Types when</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Mailing Address</td><td>MAI</td></tr><tr><td>Physical Address</td><td>PHY</td></tr></table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	3	No Current Equivalent
LONG NAME	CODE VALUE											
Mailing Address	MAI											
Physical Address	PHY											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Address Same as Primary Subscriber is false:</p> <ul style="list-style-type: none"> <li>▪ New Enrollment</li> <li>▪ Add Dependent</li> <li>▪ COBRA New Enrollment</li> <li>▪ Dependent Address Change</li> </ul> <p><b>Note:</b> Only one address type can be submitted with each health enrollment transaction</p>				
74	Dependent Address 1	<p><b>Description:</b> The first address line of the address to be entered</p> <p><b>Explanation:</b> Typically used for the employee's street address or in care of information.</p> <p><b>Required</b> for the following Health</p>	C	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Event Types when “Address Same as Primary Subscriber” is false:</p> <ul style="list-style-type: none"> <li>▪ New Enrollment</li> <li>▪ Add Dependent</li> <li>▪ COBRA New Enrollment</li> <li>▪ Dependent Address Change</li> </ul> <p><b>Note:</b> If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2</p>				
75	Dependent Address 2	<p><b>Description:</b> The second address line</p> <p><b>Explanation:</b> Typically used for the employee’s street address if address line 1 was used for in care of information;</p>	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc.</p> <p>Data accepted if Dependent Address 1 is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
76	Dependent Address 3	<p><b>Description:</b> The third address line</p> <p><b>Explanation:</b> Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if Dependent Address 1 is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
77	Dependent City	<p><b>Description:</b> The city applicable to the dependent address entered.</p> <p><b>Explanation:</b> Data accepted if Dependent Address 1 is supplied</p> <p><b>Required:</b> When Dependent Address 1 is provided</p> <p><b>Note:</b> Data element accepts alpha and numeric characters.</p>	C	Free form text of up to 30 characters	30	No Current Equivalent



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
78	Dependent State	<p><b>Description:</b> The code value for state if Dependent Country selected is either the USA or Mexico</p> <p><b>Explanation:</b> See description.</p> <p><b>Required</b> if Dependent Country is USA or Mexico and Dependent Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	See Appendix A, Section 3 Free form text of up to 30 characters	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
79	Dependent ZIP Code 5	<p><b>Description:</b> The first five digits of the zip code for the address designated in Dependent Address Type.</p> <p><b>Explanation:</b> If Country is USA, the following are required:</p> <ul style="list-style-type: none"> <li>• Use numeric format</li> <li>• The first five numbers of the ZIP Code</li> </ul> <p><b>Required</b> if Dependent Country is USA and Dependent Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	#####	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
80	Dependent ZIP Code 4	<p><b>Description:</b> The next four digits of the zip code or the address designated in Dependent Address Type:</p> <p><b>Explanation:</b> Data accepted if Dependent ZIP Code – 5 digits is supplied</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>	O	####	4	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
81	Dependent Country	<p><b>Description:</b> The code value for the dependent country</p> <p><b>Explanation:</b> See description</p> <p><b>Required if</b> Dependent Address 1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	See Appendix A, Section 4	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																										
82	Dependent Province/Territory	<p><b>Description:</b> The province or territory which coincides with the Dependent Address Type</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if the Dependent Country provided is Canada and Dependent Address 1 is supplied</p> <p><b>Note:</b> If Dependent Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></tbody></table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50	No Current Equivalent
LONG NAME	CODE VALUE																															
Alberta	AB																															
British Columbia	BC																															
Manitoba	MB																															
New Brunswick	NB																															
Newfoundland	NF																															
Northwest Territories	NT																															
Nova Scotia	NS																															
Ontario	ON																															
Prince Edward Island	PE																															
Quebec	PQ																															
Saskatchewan	SK																															
Yukon	YT																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
83	Dependent Postal Code	<p><b>Description:</b> The International Postal Code</p> <p><b>Explanation:</b> The International Postal Code is alphanumeric</p> <p><b>Required</b> if the Dependent Country provided is not USA and Dependent Address1 is supplied</p> <p><b>Note:</b> No notable information</p>	C	Free form text of up to 12 characters	12	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES																																																					
84	Dependent Relationship	<p><b>Description:</b> The dependent's relationship to the primary subscriber</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> if Health Event Type is Add Dependent</p> <p><b>Required</b> for Health Event Types New Enrollment and COBRA New Enrollment if a dependent is being added to enrollment</p> <p><b>Note:</b> No notable information</p>	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Spouse</td><td>SPO</td></tr><tr><td>Domestic Partner</td><td>DP</td></tr><tr><td>Brother</td><td>BRO</td></tr><tr><td>Sister</td><td>SIS</td></tr><tr><td>Niece</td><td>NIE</td></tr><tr><td>Nephew</td><td>NEP</td></tr><tr><td>Grandchild</td><td>GC</td></tr><tr><td>Child</td><td>CHI</td></tr><tr><td>Step Child</td><td>SC</td></tr><tr><td>Domestic Partner Child</td><td>DPC</td></tr><tr><td>Step Grandchild</td><td>SG</td></tr><tr><td>Great Grandchild</td><td>GG</td></tr><tr><td>Cousin</td><td>COU</td></tr><tr><td>Other Person</td><td>OP</td></tr><tr><td>Adopted Child</td><td>ADC</td></tr></table>		LONG NAME	CODE VALUE	Spouse	SPO	Domestic Partner	DP	Brother	BRO	Sister	SIS	Niece	NIE	Nephew	NEP	Grandchild	GC	Child	CHI	Step Child	SC	Domestic Partner Child	DPC	Step Grandchild	SG	Great Grandchild	GG	Cousin	COU	Other Person	OP	Adopted Child	ADC	3	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Spouse</td><td>1</td></tr><tr><td>Child</td><td>2</td></tr><tr><td>Step Child</td><td>3</td></tr><tr><td>Economically dependent child</td><td>4</td></tr><tr><td>Adopted Child</td><td>5</td></tr><tr><td>Domestic Partner</td><td>6</td></tr><tr><td>Domestic Partner Child</td><td>7</td></tr><tr><td>Brother</td><td>15</td></tr><tr><td>Sister</td><td>15</td></tr></table>		LONG NAME	CODE VALUE	Spouse	1	Child	2	Step Child	3	Economically dependent child	4	Adopted Child	5	Domestic Partner	6	Domestic Partner Child	7	Brother	15	Sister	15
LONG NAME	CODE VALUE																																																											
Spouse	SPO																																																											
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Sister	SIS																																																											
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Child	CHI																																																											
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Adopted Child	5																																																											
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Domestic Partner Child	7																																																											
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Sister	15																																																											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES			MAX LENGTH	LEGACY (ACES) FIELD VALUES																									
85	Dependent Type	<p><b>Description:</b> The type of dependent</p> <p><b>Explanation:</b> See description</p> <p><b>Required</b> for Health Event Type Add Dependent</p> <p><b>Required</b> if dependent is added during Health Event Type New Enrollment</p> <p><b>Required</b> if Health Event Type is COBRA New Enrollment and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting; For other COBRA eligibilities can only carry over</p>	C	<table><tr><th>LONG NAME</th><th>PARTICIPANT RELATIONSHIP</th><th>CODE VALUE</th></tr><tr><td>Dependent Natural Born Child</td><td>Child</td><td>DBC</td></tr><tr><td>Dependent Adopted Child</td><td>Child</td><td>DAC</td></tr><tr><td>Economically Dependent Child</td><td>Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild</td><td>EDC</td></tr><tr><td>Spouse</td><td>Spouse</td><td>SPO</td></tr><tr><td>Step Child</td><td>Child</td><td>STC</td></tr><tr><td>Domestic Partner</td><td>Domestic Partner</td><td>DP</td></tr><tr><td>Domestic Partner Child</td><td>Child</td><td>DPC</td></tr><tr><td>Sibling</td><td>Sibling</td><td>SIB</td></tr></table>	LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE	Dependent Natural Born Child	Child	DBC	Dependent Adopted Child	Child	DAC	Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC	Spouse	Spouse	SPO	Step Child	Child	STC	Domestic Partner	Domestic Partner	DP	Domestic Partner Child	Child	DPC	Sibling	Sibling	SIB	3	No Current Equivalent
LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE																															
Dependent Natural Born Child	Child	DBC																															
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Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC																															
Spouse	Spouse	SPO																															
Step Child	Child	STC																															
Domestic Partner	Domestic Partner	DP																															
Domestic Partner Child	Child	DPC																															
Sibling	Sibling	SIB																															



#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		dependents from previous enrollment and is required  <b>Note:</b> No notable information				
86	Disabled Dependent Indicator	<b>Description:</b> Indicates if the added dependent is a disabled, dependent child  <b>Explanation:</b> Data accepted for Health Event Type New Enrollment if dependent is added during New Enrollment  Data accepted for Health Event Type Add Dependent if Eligibility Basis is COBRA Qual Subscriber	O	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Not used for Health Event Type Add Dependent, if Eligibility Basis is COBRA Qual Dependent, or COBRA Qualifying Dependent New Contracting; Can only carry over dependents from previous enrollment</p> <p>Data accepted during Health Event Type Open Enrollment for Health Event Reason New Enrollment, if dependent is added during new enrollment</p> <p><b>Required:</b> No required data</p> <p><b>Note:</b> No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
87	Disabled Dependent Confirmation Indicator	<p><b>Description:</b> Indicates that the employer understands the disabled dependent enrollment is not confirmed until review by CalPERS</p> <p><b>Explanation:</b> See description</p> <p><b>Required if</b> Disabled Dependent Indicator is supplied</p> <p><b>Note:</b> No notable information</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
88	Economically Dependent Confirmation Indicator	<p><b>Description:</b> Indicates if the economically dependent child was validated</p> <p><b>Explanation:</b> See description</p> <p><b>Required if</b> Dependent Type is Economically Dependent Child</p> <p><b>Note:</b> No notable information</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
89	Dependent Acquired Date	<p><b>Description:</b> The date the child was declared economically dependent to the subscriber.</p> <p><b>Explanation:</b> See description.</p> <p><b>Required if</b> Economically Dependent Confirmation Indicator is supplied</p> <p><b>Note:</b> No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent
90	Apply to Medical	<p><b>Description:</b> Indicates if the Enrollment transaction should be applied to Medical</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p><b>Explanation:</b> See description</p> <p><b>Required</b> for the Health Event Types New Enrollment and Add Dependent</p> <p><b>Required</b> for the Health Event Type COBRA New Enrollment if the Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</p> <p><b>Required</b> for the Health Event Type Open Enrollment if Health Enrollment Reason is New Enrollment</p> <p><b>Required</b> for the Health Event Type Open Enrollment if Health Enrollment</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Reason is Add Dependent  <b>Note:</b> No notable information				
91	Apply to Dental <i>(placeholder data element tied to future legislation)</i>	<b>Description:</b> If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type  <b>Explanation:</b> See description  <b>Required:</b> No required data at this time.  <b>Note:</b> No notable information	C	true / false  This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
92	Apply to Vision <i>(placeholder data element tied to future legislation)</i>	<p><b>Description:</b> If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type</p> <p><b>Explanation:</b> See description</p> <p><b>Required:</b> No required data at this time</p> <p><b>Note:</b> No notable information</p>	C	<p>true / false</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	5	No Current Equivalent



## Appendix A – Valid Field Values

### 1. Health Event Type Descriptions

Health Event Type	Code Value	Definition
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.
Update Enrollment	UEN	Update address information for the subscriber; update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23 year old dependent, or divorce

## 2. Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage
Cancel; PA/Sch Site Chg	529	Cancel Coverage
Change in appt. outside b/u	501	Cancel Coverage
Insufficient Hours	500	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Reinstatement (Non-PERS)	535	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Time base/tenure chg	502	Cancel Coverage
Update CBU Benefits	836	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Retirement	716	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old delete	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll < half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Surv Benefits Paid by ER	145	New Enrollment
Survivor Without Benefits	128	New Enrollment

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
Enrolled into Flex Elect	503	Open Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Recertification of Disabled Dependent	906	Recertify Dependent
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment
Change Medical Group	904	Update Enrollment
Opt in Vesting	908	Update Enrollment
Opt out Vesting	909	Update Enrollment
Update Demographics	905	Update Enrollment

### 3. State Code Values (Sorted by Country, Ascending)

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Aguascalientes	AG	MEX	Queretaro	QA	MEX
Baja California, Norte	BJ	MEX	Quintana Roo	QR	MEX
Baja California, Sur	BS	MEX	San Luis Potosi	SL	MEX
Campeche	CP	MEX	Sinaloa	SI	MEX
Chiapas	CHI	MEX	Sonora	SO	MEX
Chihuahua	CI	MEX	Tabasco	TA	MEX
Coahuila	CU	MEX	Tamaulipas	TM	MEX
Colima	CL	MEX	Tlaxcala	TL	MEX
Distrito Ferderal	DF	MEX	Veracruz	VZ	MEX
Durango	DG	MEX	Yucatan	YC	MEX
Guanajuato	GJ	MEX	Zacatecas	ZT	MEX
Guerrero	GR	MEX	Alabama	AL	USA
Hidalgo	HG	MEX	Alaska	AK	USA
Jalisco	JA	MEX	American Samoa	AS	USA
Mexico	EM	MEX	Arizona	AZ	USA
Michoacan	MH	MEX	Arkansas	AR	USA
Moreios	MR	MEX	Armed Forces Europe	AE	USA
Nayarit	NA	MEX	Armed Forces Pacific	AP	USA
NuevoLeon	NL	MEX	Armed Forces the Americas	AA	USA
Oaxaca	OA	MEX	California	CA	USA
Puebla	PU	MEX	Colorado	CO	USA

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Connecticut	CT	USA	Nebraska	NE	USA
Delaware	DE	USA	Nevada	NV	USA
District of Columbia	DC	USA	New Hampshire	NH	USA
Federated States of Micronesia	FM	USA	New Jersey	NJ	USA
Florida	FL	USA	New Mexico	NM	USA
Georgia	GA	USA	New York	NY	USA
Guam	GU	USA	North Carolina	NC	USA
Hawaii	HI	USA	North Dakota	ND	USA
Idaho	ID	USA	North Mariana Islands	MP	USA
Illinois	IL	USA	Ohio	OH	USA
Indiana	IN	USA	Oklahoma	OK	USA
Iowa	IA	USA	Oregon	OR	USA
Kansas	KS	USA	Palau	PW	USA
Kentucky	KY	USA	Pennsylvania	PA	USA
Louisiana	LA	USA	Puerto Rico	PR	USA
Maine	ME	USA	Rhode Island	RI	USA
Marshall Islands	MH	USA	South Carolina	SC	USA
Maryland	MD	USA	South Dakota	SD	USA
Massachusetts	MA	USA	Tennessee	TN	USA
Michigan	MI	USA	Texas	TX	USA
Minnesota	MN	USA	Utah	UT	USA
Mississippi	MS	USA	Vermont	VT	USA
Missouri	MO	USA	Virgin Islands	VI	USA
Montana	MT	USA	Virginia	VA	USA

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Washington	WA	USA	Wisconsin	WI	USA
West Virginia	WV	USA	Wyoming	WY	USA



#### 4. Country Code Values

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
United States	US	Belize	BZ
Canada	CA	Benin	BJ
Mexico	MX	Bermuda	BM
Afghanistan	AF	Bhutan	BT
Albania	AL	Bolivia	BO
Algeria	DZ	Bosnia-Herzegovina	BA
American Samoa	AS	Botswana	BW
Andorra	AD	Bouvet Island	BV
Angola	AO	Brazil	BR
Anguilla	AI	British Indian Ocean Terr	IO
Antarctica	AQ	Brunei	BN
Antigua & Barbuda	AG	Bulgaria	BG
Argentina	AR	Burkina Faso	BF
Armenia	AM	Burundi	BI
Aruba	AW	Cambodia	KH
Australia	AU	Cameroon	CM
Austria	AT	Cape Verde	CV
Azerbaijan	AZ	Cayman Islands	KY
Bahamas	BS	Central African Republic	CF
Bahrain	BH	Chad	TD
Bangladesh	BD	Chile	CL
Barbados	BB	China	CN
Belarus	BY	Christmas Island (Pacific)	CX
Belgium	BE	Cocos (Keeling) Islands	CC

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Colombia	CO	France	FR
Comoros	KM	French Guiana	GF
Congo	CG	French Polynesia	PF
Cook Islands	CK	Gabon	GA
Costa Rica	CR	Gambia	GM
Croatia	HR	Georgia	GE
Cuba	CU	Germany	DE
Cyprus	CY	Ghana	GH
Czech Republic	CZ	Gibraltar	GI
The Democratic Republic of the Congo	CD	Greece	GR
Denmark	DK	Greenland	GL
Djibouti	DJ	Grenada	GD
Dominica	DM	Guadeloupe	GP
Dominican Republic	DO	Guam	GU
Ecuador	EC	Guatemala	GT
Egypt	EG	Guernsey	GG
El Salvador	SV	Guinea	GN
Equatorial Guinea	GQ	Guinea Bissau	GW
Eritrea	ER	Guyana	GY
Estonia	EE	Haiti	HT
Ethiopia	ET	Heard McDonald Islands	HM
Falkland Islands	FK	Honduras	HN
Faroe Islands	FO	Hong Kong	HK
Fiji	FJ	Hungary	HU
Finland	FI	Iceland	IS

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
India	IN	Lithuania	LT
Indonesia	ID	Luxembourg	LU
Iran	IR	Macau	MO
Iraq	IQ	Macedonia	MK
Ireland	IE	Madagascar	MG
Isle Of Man	IM	Malawi	MW
Israel	IL	Malaysia	MY
Italy	IT	Maldives	MV
Ivory Coast	CI	Mali	ML
Jamaica	JM	Malta	MT
Jan Mayen	SJ	Marshall Islands	MH
Japan	JP	Martinique	MQ
Jersey	JE	Mauritania	MR
Jordan	JO	Mauritius	MU
Kazakhstan	KZ	Mayotte	YT
Kenya	KE	Micronesia	FM
Kiribati	KI	Moldova	MD
Kuwait	KW	Monaco	MC
Kyrgyzstan	KG	Mongolia	MN
Laos	LA	Montenegro	ME
Latvia	LV	Montserrat	MS
Lebanon	LB	Morocco	MA
Lesotho	LS	Mozambique	MZ
Liberia	LR	Myanmar	MM
Libya	LY	Namibia	NA
Liechtenstein	LI	Nauru	NR

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Nepal	NP	Reunion	RE
Netherlands	NL	Romania	RO
Netherlands Antilles	AN	Russia	RU
New Caledonia	NC	Rwanda	RW
New Zealand	NZ	San Marino	SM
Nicaragua	NI	Sao Tome & Principe	ST
Niger	NE	Saudi Arabia	SA
Nigeria	NG	Senegal	SN
Niue	NU	Serbia	RS
Norfolk Island	NF	Seychelles	SC
North Korea	KP	Sierra Leone	SL
Northern Mariana Islands	MP	Singapore	SG
Norway	NO	Slovakia	SK
Oman	OM	Slovenia	SI
Pakistan	PK	Solomon Islands	SB
Panama	PA	Somalia	SO
Papua New Guinea	PG	South Africa	ZA
Paraguay	PY	Spain	ES
Peru	PE	Sri Lanka	LK
Philippines	PH	St Helena	SH
Pitcairn Island	PN	St Kitts & Nevis	KN
Poland	PL	St Lucia	LC
Portugal	PT	St Pierre & Miquelon	PM
Puerto Rico	PR	St Vincent & Grenadines	VC
Qatar	QA	Sudan	SD
Republic Of South Korea	KR	Suriname	SR

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Swaziland	SZ	Vietnam	VN
Sweden	SE	Virgin Islands(British)	VG
Switzerland	CH	Virgin Islands(U.S.)	VI
Syria	SY	Wallis & FUTUNA	WF
Taiwan	TW	Western Sahara	EH
Tajikistan	TJ	Western Samoa	WS
Tanzania	TZ	Yemen	YE
Thailand	TH	Zambia	ZM
Togo	TG	Zimbabwe	ZW
Tokelau	TK		
Tonga	TO		
Trinidad and Tobago	TT		
Tunisia	TN		
Turkey	TR		
Turkmenistan	TM		
Turks & Caicos Islands	TC		
Tuvalu	TV		
Uganda	UG		
Ukraine	UA		
United Arab Emirates	AE		
United Kingdom	GB		
Uruguay	UY		
Uzbekistan	UZ		
Vanuatu	VU		
Vatican City	VA		
Venezuela	VE		

## 5. County Code Values

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
1 - Alameda	1	26 - Mono	51
2 - Alpine	3	27 - Monterey	53
3 - Amador	5	28 - Napa	55
4 - Butte	7	29 - Nevada	57
5 - Calaveras	9	30 - Orange	59
6 - Colusa	11	31 - Placer	61
7 - Contra Costa	13	32 - Plumas	63
8 - Del Norte	15	33 - Riverside	65
9 - El Dorado	17	34 - Sacramento	67
10 - Fresno	19	35 - San Benito	69
11 - Glenn	21	36 - San Bernardino	71
12 - Humboldt	23	37 - San Diego	73
13 - Imperial	25	38 - San Francisco	75
14 - Inyo	27	39 - San Joaquin	77
15 - Kern	29	40 - San Luis Obispo	79
16 - Kings	31	41 - San Mateo	81
17 - Lake	33	42 - Santa Barbara	83
18 - Lassen	35	43 - Santa Clara	85
19 - Los Angeles	37	44 - Santa Cruz	87
20 - Madera	39	45 - Shasta	89
21 - Marin	41	46 - Sierra	91
22 - Mariposa	43	47 - Siskiyou	93
23 - Mendocino	45	48 - Solano	95
24 - Merced	47	49 - Sonoma	97

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
25 - Modoc	49	50 - Stanislaus	99
51 - Sutter	101	1st District (SF)	100
52 - Tehama	103	2nd District (LA)	110
53 - Trinity	105	2nd Sub District (Ventura)	117
54 - Tulare	107	3rd District (Sac)	120
55 - Tuolumne	109	4th District (San Diego)	130
56 - Ventura	111	4th Sub District (Riverside)	131
57 - Yolo	113	4th Sub District (Santa Ana)	132
58 - Yuba	115	5th District (Fresno)	140
Out of State	0	6th District (Santa Clara)	150

## 6. Permissive Event Reasons

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Cancel: Perm Separation	515	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method



HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
Change of custody	312	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Military - Del Dependent	309	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
NC EE Enroll < half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment

## Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
1	<b>Employer's CalPERS ID</b>	A unique 10-digit identifier created by the new system, Once the employer becomes an approved business partner, the new system will create this unique identifier. This identifier replaces the Employer/Unit Code.	<b>Participant / PERS ER Code</b>	Yes
2	<b>Health Event Type</b>	The health event type	<b>Transaction Type</b>	Yes
3	<b>Health Event Reason</b>	The reasons for health enrollment. These are categorized by Health Event Types	<b>Health Event Reason Code</b>	Yes
4	<b>Unique Transaction Identifier</b>	The Unique Transaction Identifier is a memo field to record text.  Employers uploading files can use this field to record a text memo for tracking purposes.	<b>Transaction #</b>	No
5	<b>Event Date</b>	The date that the health event occurred.	<b>Event Date</b>	No
6	<b>Received Date</b>	The date that the employer was notified of the health event.	<b>HBO Received Date</b>	No
7	<b>Apply Change To Medical</b>	Indicates that the change/enrollment is applicable to Medical benefit type.	<b>Non-existent</b>	Yes
8	<b>Apply Change To Dental</b>	If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit.	<b>Non-existent</b>	Yes

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
9	<b>Apply Change To Vision</b>	If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit.	<b>Non-existent</b>	Yes
10	<b>Rescind Indicator</b>	Indicates whether a health enrollment transaction, with a future date, should be rescinded.	<b>Non-existent</b>	Yes
11	<b>Rescind Reason</b>	Reason why a health enrollment transaction is rescinded.	<b>Non-existent</b>	Yes
12	<b>Rescind Notes</b>	Notes about the reason for rescission.	<b>Non-existent</b>	Yes
13	<b>Appointment ID</b>	<p>This represents the position into which the employee was hired.</p> <p>CalPERS will generate and store Appointment ID for the participant at the time of enrollment. If the employee has been hired into a new job for an existing appointment, this ID can be reported by the employer (e.g., employee switches from being a janitor to bus driver) to identify the employee.</p>	<b>Non-existent</b>	Yes
14	<b>Person Identifier Type</b>	Type of unique person identifier.	<b>Non-existent</b>	Yes

#	myCalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
15	<b>Person Identifier</b>	The unique identifier available for the person that is provided.	<b>SSN</b>	Yes
16	<b>New SSN</b>	The New SSN is a correction to the Social Security Number	<b>Non-existent</b>	Yes
17	<b>Original Hire Date</b>	The first date of hire for this employee at this employer.	<b>Non-existent</b>	Yes
18	<b>Retirement System</b>	The retirement system that the subscriber receives retirement benefits from	<b>Non-existent</b>	Yes
19	<b>Prefix</b>	The person's prefix.	<b>Non-existent</b>	Yes
20	<b>First Name</b>	The person's first name.	<b>First Name</b>	No
21	<b>Middle Name</b>	The person's middle name.	<b>Middle Name</b>	No
22	<b>Last Name</b>	The person's last name.	<b>Last Name</b>	Yes
23	<b>Gender</b>	The person's gender.	<b>Gender</b>	No
24	<b>Birth Date</b>	The person's date of birth.	<b>Date of Birth</b>	No
25	<b>Suffix</b>	The person's suffix.	<b>Name Suffix</b>	Yes
26	<b>Address Type</b>	Types of address.	<b>Addr Type</b>	No
27	<b>Use Address for Health</b>	Indicates that the person's address should be used for health enrollment.	<b>Non-existent</b>	Yes

#	myCalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
28	<b>Health Eligibility ZIP Code Type</b>	The type of Zip Code used to determine health eligibility.	<b>Eligibility ZIP Type</b>	No
29	<b>Health Eligibility ZIP Code</b>	The health eligibility Zip Code.	<b>Eligibility ZIP</b>	No
30	<b>County</b>	The county the employee designates for health eligibility.	<b>Non-existent</b>	Yes
31	<b>Address 1</b>	The first address line.	<b>Alt Address Line</b>	No
32	<b>Address 2</b>	The second address line.	<b>Alt Address Line</b>	No
33	<b>Address 3</b>	The third address line.	<b>Non-existent</b>	Yes
34	<b>City</b>	The city.	<b>City</b>	No
35	<b>State</b>	The state.	<b>State</b>	No
36	<b>ZIP Code 5</b>	The Zip or postal code.	<b>ZIP Code 5</b>	Yes
37	<b>ZIP Code 4</b>	The Zip or postal code.	<b>ZIP Code 4 ZIP Code 2</b>	Yes
38	<b>Country</b>	The country.	<b>Country</b>	No
39	<b>Province/Territory</b>	The province or territory.	<b>Province / Territory</b>	No
40	<b>Postal Code</b>	The international postal code.	<b>Non-existent</b>	Yes
41	<b>Phone Type</b>	The phone type such as mobile or fax.	<b>Non-existent</b>	Yes
42	<b>US Phone</b>	The person's contact phone number in the USA.	<b>Daytime Phone Area Daytime Phone</b>	No
43	<b>International Phone</b>	The person's International contact phone number.	<b>Non-existent</b>	Yes
44	<b>Extension</b>	The person's phone number extension.	<b>Non-existent</b>	Yes
45	<b>Email</b>	The person's e-mail.	<b>Non-existent</b>	Yes
46	<b>Qualifying Person ID Type</b>	The type of unique identifier for the member that qualifies the subscriber for health enrollment.	<b>Non-existent</b>	Yes

#	myCalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
47	<b>Qualifying Person ID</b>	The unique identifier of the member who qualifies the subscriber for health enrollment.	<b>Qualifying SSN</b>	No
48	<b>Permanent Separation Date</b>	Last day of a qualifying individual's employment.	<b>Participant / Effective Date</b>	No
49	<b>Retirement Date</b>	Retirement date of the qualifying individual	<b>Non-existent</b>	Yes
50	<b>First Name</b>	The employee's first name.	<b>First Name</b>	No
51	<b>Middle Name</b>	The employee's middle name.	<b>Middle Name</b>	No
52	<b>Last Name</b>	The employee's last name.	<b>Last Name</b>	Yes
53	<b>Gender</b>	The employee's gender.	<b>Gender</b>	No
54	<b>Birth Date</b>	The employee's date of birth.	<b>Birth Date</b> <b>New Birth Date</b>	No
55	<b>Eligibility Basis</b>	The basis for COBRA eligibility.	<b>Eligibility Basis</b>	No
56	<b>Original Cobra Start Date</b>	The first day of COBRA health enrollment coverage.	<b>COBRA Start Date</b>	No
57	<b>Affiliated Association</b>	The affiliated association of the qualifying individual.	<b>Non-existent</b>	Yes
58	<b>Medical Plan Selection</b>	Used to select a medical plan.	<b>Plan Code</b>	No
59	<b>Medical Group</b>	Medical group of the qualifying Individual	<b>Medical Group</b>	No
60	<b>Dental Plan Selection</b>	Used to select a dental plan.	<b>Non-existent</b>	Yes
61	<b>Vision Plan Selection</b>	Used to select a vision plan.	<b>Non-existent</b>	Yes
62	<b>Dependent Identifier Type</b>	The unique identifier available for the dependent that is provided.	<b>Non-existent</b>	Yes
63	<b>Dependent Identifier</b>	The unique dependent identifier, as specified by Identifier Type field.	<b>Dependent / SSN</b>	No
64	<b>Dependent Gender</b>	The dependent's gender.	<b>Dependent / Gender</b>	No
65	<b>Dependent DOB</b>	The dependent's date of birth.	<b>Dependent / DOB</b>	No

#	myCalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
66	<b>Dependent Prefix</b>	The dependent's prefix.	<b>Non-existent</b>	Yes
67	<b>Dependent First Name</b>	The dependent's first name.	<b>Dependent / First Name</b>	No
68	<b>Dependent Middle Name</b>	The dependent's middle name.	<b>Dependent / Middle Name</b>	No
69	<b>Dependent Last Name</b>	The dependent's last name.	<b>Dependent / Last Name</b>	Yes
70	<b>Dependent Suffix</b>	The dependent's suffix.	<b>Dependent / Name Suffix</b>	No
71	<b>Date of Marriage/Partnership</b>	The date the dependent became a spouse/domestic partner of the primary subscriber.	<b>Event Date</b>	No
72	<b>Address Same as Primary Subscriber</b>	Indicator of whether the dependent's address is the same as that of the primary subscriber.	<b>Non-existent</b>	Yes
73	<b>Dependent Address Type</b>	The dependent's types of address.	<b>Non-existent</b>	Yes
74	<b>Dependent Address 1</b>	The first address line of the dependent's address.	<b>Non-existent</b>	Yes
75	<b>Dependent Address 2</b>	The second address line of the dependent's address.	<b>Non-existent</b>	Yes
76	<b>Dependent Address 3</b>	The third address line of the dependent's address.	<b>Non-existent</b>	Yes
77	<b>Dependent City</b>	The city of the dependent's address.	<b>Non-existent</b>	Yes
78	<b>Dependent State</b>	The state of the dependent's address.	<b>Non-existent</b>	Yes
79	<b>Dependent ZIP Code 5</b>	The 5-digit ZIP or postal code of the dependent's address.	<b>Non-existent</b>	Yes
80	<b>Dependent ZIP Code 4</b>	The 4 or 2 additional digits of a ZIP or postal code of the dependent's address.	<b>Non-existent</b>	Yes
81	<b>Dependent Country</b>	The country of the dependent's address.	<b>Non-existent</b>	Yes



#	myCalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
82	<b>Dependent Province/Territory</b>	The province or territory of the dependent's address.	<b>Non-existent</b>	Yes
83	<b>Dependent Postal Code</b>	The international postal code of dependent	<b>Non-existent</b>	Yes
84	<b>Dependent Relationship</b>	The dependent's relationship to the primary subscriber.	<b>Dependent / Legacy Relationship Code</b>	No
85	<b>Dependent Type</b>	The type of dependent.	<b>Non-existent</b>	Yes
86	<b>Disabled Dependent Indicator</b>	Indicates if the added dependent is a disabled dependent child.	<b>Non-existent</b>	Yes
87	<b>Disabled Dependent Confirmation Indicator</b>	Indicates that the employer understands the disabled dependent enrollment is not confirmed until review by CalPERS.	<b>Non-existent</b>	Yes
88	<b>Economically Dependent Confirmation Indicator</b>	Indicates if the economically dependent child has been validated	<b>Non-existent</b>	Yes
89	<b>Dependent Acquired Date</b>	The date that the economically child is acquired by the subscriber	<b>Non-existent</b>	Yes
90	<b>Apply to Medical</b>	Indicates if the enrollment transaction should be applied to Medical.	<b>Non-existent</b>	Yes
91	<b>Apply to Dental</b>	Indicates if the enrollment transaction should be applied to Dental.	<b>Non-existent</b>	Yes
92	<b>Apply to Vision</b>	Indicates if the enrollment transaction should be applied to Vision.	<b>Non-existent</b>	Yes